



ANNUAL BUSINESS RECYCLING AND WASTE REDUCTION REPORT

Refer to the *Montgomery County Business Recycling Regulation Handbook* for guidance on recycling and completing this Report.

Send completed Report to: Division of Solid Waste Services, Attn: SORRT, 101 Monroe Street, 6th Floor, Rockville, MD 20850

Business filing this Annual Report, provide:

Business Name: _____

Mailing Address: _____

Phone Number: _____

Contact Person Name and Title: _____

Contact Person Email: _____ Business Website: _____

What is your relationship to the business(es) for whom this Annual Report is being filed?

(Check the box that corresponds to appropriate description.)

☐ I'm filing for my business at the above address only.

☐ I'm a **Property Manager** filing for one or more tenant(s) leasing property at a single site.
If address of the building occupied by your tenant(s) is different from the address provided above, provide address of building occupied by your tenant(s) covered by this Report: _____

☐ Business **Headquarters** filing for multiple business locations in the County.
Provide the address of each location that is covered under this report.

☐ I'm a **Collector** filing for my customer. (NOTE: One Annual Report per customer)
Provide the business name, address, contact name and phone number of the customer whom this report covers.

☐ Other. Explain relationship: _____

LIST BUSINESS(ES) COVERED BY THIS ANNUAL REPORT, IF APPLICABLE.

BUSINESS NAME & ON-SITE CONTACT PERSON	PHONE NUMBER and ADDRESS	EMPLOYEE NUMBER	SQUARE FEET
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach a separate page for additional business(es).)

If Government Agency, check applicable: County ☐ State ☐ Federal ☐ Other _____

Total number of employees covered by this Report: _____ (Employee means person working 20 or more hours per week for more than 6 months in a calendar year.)

Total square feet of building space covered by this Report: _____ Square Feet

Total acreage of green area (landscaped and grassy area) covered by this Report, if applicable: _____ Acres

FOR DSWS USE ONLY — DO NOT WRITE BELOW THIS LINE

DIVISION OF SOLID WASTE SERVICES APPROVAL BY:

Date:

EXEMPTION STATUS:

CURRENT RECYCLING RATE:

PREVIOUS RECYCLING RATES:

Montgomery County SORRT Program

101 Monroe Street ■ 6th floor ■ Rockville, MD ■ 20850 ■ (240) 777-6400 ■ www.montgomerycountymd.gov/recycling

ANNUAL REPORT FOR PREVIOUS CALENDAR YEAR

PROVIDE YEAR: _____

MATERIAL (Circle type where applicable)	QUANTITY COLLECTED IN PREVIOUS CALENDAR YEAR -Report in Pounds/Yr. (Refer to Volume-Weight Conversion Chart in your Handbook if needed)	Number and Size of central collection containers and number of pick-ups per month, if different from previous submission	Name and Phone Number of company hauling/handling materials	WASTE REDUCTION PROGRAM (Check if applicable & attach separate page to describe)	Check Box if Exemption Request Form is required **
REQUIRED MATERIALS FOR RECYCLING, REUSE, OR BEING SOURCE REDUCED					
MIXED PAPER:	Pounds/Yr.				<input type="checkbox"/>
WHITE OFFICE PAPER	Pounds/Yr.				<input type="checkbox"/>
CORRUGATED CARDBOARD	Pounds/Yr.				<input type="checkbox"/>
NEWSPAPER	Pounds/Yr.				<input type="checkbox"/>
COMMINGLED MATERIALS	Pounds/Yr.				<input type="checkbox"/>
ALUMINUM CANS	Pounds/Yr.				<input type="checkbox"/>
STEEL/TIN CANS	Pounds/Yr.				<input type="checkbox"/>
PLASTIC BOTTLES (NARROW-NECK)	Pounds/Yr.				<input type="checkbox"/>
GLASS BOTTLES & JARS	Pounds/Yr.				<input type="checkbox"/>
YARD TRIM Leaves Grass Brush	Pounds/Yr.				<input type="checkbox"/>
CHRISTMAS TREES	Pounds/Yr.				<input type="checkbox"/>
SCRAP METAL	Pounds/Yr.				<input type="checkbox"/>
VOLUNTARY MATERIALS FOR RECYCLING, REUSE OR SOURCE REDUCTION (Attach list of other materials as needed)					
MATERIAL:					N/A
MATERIAL:					N/A
SOLID WASTE FOR DISPOSAL ONLY — BELOW THIS LINE					
SOLID WASTE FOR DISPOSAL (Trash)	Pounds/Yr.				N/A

* List Container Types.

** DSWS will contact you to schedule a site inspection and provide you an Exemption Request Form.

Signature of Person Completing Form

Date

Print Name of Signatory and Company Name

I hereby certify that as the Corporate Officer, I am responsible for ensuring compliance with applicable County Recycling Regulation 15-04AM, which requires recycling and reporting by my business, and confirm that the above program will be implemented in accordance with the applicable schedule.

Signature of Responsible Corporate Officer

Date

Print Name of Signatory

Montgomery County SORRT Program

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Describe the progress in waste reduction and reuse efforts that have been undertaken by your business in an effort to reduce the amount of refuse generated.

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